



New York State of Health (NYSOH)

Fax To: 518-560-5102

Identity Proofing Only

TO: IDENTITY PROOFING FAX COVERSHEET

FAX NUMBER: (518) 560-5102

CLIENT ACCOUNT #:

CLIENT NAME & DOB (MM/DD/YYYY):

AC _____

&

FROM (NAME OF ASSISTOR):

ASSISTOR FAX #:

AGENCY NAME:

TOTAL # OF PAGES:

ASSISTOR PHONE #:

DATE OF FAX:

NOTES:

INSTRUCTIONS:

- Please limit each fax to **ONE ACCOUNT** per transmittal.
- **Typed information is preferred.**
- **Write the primary account holder's account number on each page of the fax.**
- **Make sure all documents are facing the same direction with the coversheet in the front.**
- **The fax should include:**
 - Page 1: Identity Proofing Fax Coversheet.
 - Page 2: Identity Proofing and Verification Form.
 - Page 3: Any other Identity Proofing related forms.
 - Page 4+: Front and back of each supporting document (if applicable).

If the form is handwritten, then information should be clearly written, specifically when providing information such as DOB and SSN. If the account number is not available, write the Client Name and DOB on each page of the fax. Separate faxes must be sent for each primary account holder. Submission of incomplete fax coversheets, identity proofing forms, or documents may cause a delay in processing.

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